

INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Please use ink. Do not mark in shaded areas or use correction fluid.

Part 1. Children Enrolled in Center (Use a separate application for each foster child)

Names of all children enrolled (First and Last name)	Birth date and year	Age	Food Stamp, FEP or FDPIR case # (if any). List a number for each child. Skip to Part 5 if you list a Food Stamp, FEP or FDPIR case #

Part 2. If the child you are applying for is homeless or migrant, check the appropriate box.

Homeless ☐ Migrant ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—List all other household members and current monthly income. You must tell us how much gross income you receive (before deductions) and how often you receive it.

1. Name of Household Members	2. Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
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	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Total Number of Persons In Household _____

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the Center will get Federal funds based on the information I give. I understand that Program officials may verify (check) the information. I understand that if I purposely give false information I may be prosecuted. An adult must sign the application under state and federal laws before it can be approved.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - ____ ☐ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ Other

Don't fill out this part. This is for Center official use only.

Annual Income Conversion: Hourly x 2080, Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Eligibility: Free _____ Reduced _____ Paid _____ Reason: _____ Categorically eligible: _____

Temporary Free ("0" income) _____ Time Period (date): _____ (expires after 45 days)

Approving Official's Signature: _____ Date of approval: _____

Dear Parent:

INSTRUCTIONS FOR COMPLETING THE FORM

If your household gets FOOD STAMPS, FEP or FDPIR follow these instructions:

Part 1: List enrolled child(ren)'s name, birthday and age, and a Food Stamp, FEP or FDPIR case number (if any).

Part 2: Check the appropriate box, if any.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

Check the appropriate box in part 2 if you are applying for a child who is HOMELESS or from a MIGRANT family.
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, birth date and age.

Part 3: Check the box and list the child's personal use monthly income, if any, or enter "0" (zero).

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List enrolled child(ren)'s name, birth date, and age.

Part 2: Check the appropriate box, if any.

Part 4: Follow these instructions to report total household income from last month.

Column 1—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends), including yourself. Attach another sheet of paper if you need to.

Column 2—Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your employer can tell you. Next to the amount, write how often the person got it (hourly, weekly, every other week, twice a month, or monthly). **All other income:** Examples of other income are (fourth column):

Worker's Compensation, Supplemental Security Income (SSI), Veteran's benefits (VA benefits),
Unemployment, Strike benefits, Disability benefits,

Regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Net income for self-owned business, farm, or rental income.

Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3—Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have a Social Security Number.

Part 6: Answer this question if you choose to. It helps determine whether benefits are available to everyone.

Privacy Act Statement: Unless you list the child's food stamp, FDPIR or FEP case number, Section 9 of the National School Lunch Act requires that you include the Social Security Number (SSN) of the household member signing the application or indicate that the household member does not have a SSN. You do not have to list a SSN, but if a SSN is not listed or an indication is not made that the adult household member signing the application does not have a SSN, we cannot approve the application. The SSN may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or FEP office to determine current certification for food stamps, FDPIR or FEP benefits, contacting the Department of Workforce Services to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Non-discrimination Statement: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FEDERAL INCOME CHART July 2008-June 09			
Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	6,660	555	129